

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 5
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES

Filer Status <input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: <u>MO</u> District: <u>01</u>		<input type="checkbox"/> Officer Or Employee Employing Office: _____	
Report Type <input checked="" type="checkbox"/> Annual (May 15)		<input type="checkbox"/> Amendment <input type="checkbox"/> Termination	
		Termination Date: _____	

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Wm LACY CLAY

Page 2 of 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
St. Louis Development Corp.	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Wm LACY CLAY

Page 3 of 5

BLOCK A Asset and/or Income Source <small>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</small>		BLOCK B Year-End Value of Asset <small>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</small>	BLOCK C Type of Income <small>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</small>	BLOCK D Amount of Income <small>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</small>	BLOCK E Transaction <small>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</small>
SP	First Community Credit Union	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	St. Louis Development Corp. Employee Retirement Plan - ING as follows:				
SP	SEI Index Fund	None	None	NONE	S
SP	Stable Income Fund	\$1,001 - \$15,000	None	NONE	P
DC-1	Congressional FCU savings account	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
DC-2	Congressional FCU savings account	\$1,001 - \$15,000	INTEREST	\$1 - \$200	

SCHEDULE IV - TRANSACTIONS

Name Wm LACY CLAY

Page 4 of 5

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	SEI Index Fund	S	No	11-15-10	\$1,001 - \$15,000
	Stable Income Fund	P	N/A	11-15-10	\$1,001 - \$15,000

SCHEDULE VIII - POSITIONS

Name Wm LACY CLAY

Page 5 of 5

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	William Lacy Clay Scholarship and Research Fund
Director	Project Vote Smart

**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

Form A
For use by Members, officers, and employees

Page 1 of **3**

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2011 MAY 13 PM 4:46

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Name: **William Todd Akin**

Daytime Telephone: **202-225-2561**

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: Missouri District: 2	<input type="checkbox"/> Officer or Employee	Employing Office:
Report Type	<input checked="" type="checkbox"/> Annual (May 16, 2011)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name

W. TODD AKIN

Page 2 of 3

BLOCK A Asset and/or Income Source		BLOCK B Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction	
Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.		Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.												Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.						For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.											Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.	
Provide complete names of stocks and mutual funds (do not use ticker symbols).																																
For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.																																
For rental or other real property held for investment, provide a complete address.																																
For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.																																
Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.																																
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.																																
For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.																																
SP, DC, JT	Examples:	A	B	C	D	E	F	G	H	I	J	K	L	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P S E
		None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST		None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000	
SP	Mega Corp. Stock				X										X			X		Royalties				X								S (partial)
DC	Simon & Schuster		Indefinite																										X			
JT	1st Bank of Paducah, KY Accounts				X											X									X							
JT	MERRILL LYNCH RETIREMENT ANNUITY - QUALITY EQUITY			X																ANNUITY	X											
	IRA - AIM WEINGARTEN			X											X						X											
SP	IRA - AIM WEINGARTEN			X											X						X											
	ROTH IRA - DWS DREMAN HONOLULU			X											X																	
SP	ROTH IRA - DWS DREMAN HONOLULU			X											X																	
JT	AT + T		X											X																		

For additional assets and unearned income, use next page.

Continuation Sheet (if needed)

W. TODD AKIN

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UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 6
For use by Members, officers, and employees

HAND DELIVERED

John Russell Carnahan

202-225-2671

(Full Name)

(Daytime Telephone)

Filer Status

☒ Member of the U.S. House of Representatives

State: MO

District: 03

☐ Officer Or Employee

Employing Office:

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

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2011 MAY 12 PM 4:45
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U.S. HOUSE OF REPRESENTATIVES
A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Russell Carnahan

Page 2 of 6

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement

BLOCK B

Year-End Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."

BLOCK C

Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.

BLOCK D

Amount of Income

For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

BLOCK E

Transaction

Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

JT	Family Farm, Rolla, MO	\$250,001 - \$500,000	None/None	NONE	
JT	St. Louis Comm. Credit Union	\$1,001 - \$15,000	INTEREST	\$1 - \$200	

SCHEDULE IV - TRANSACTIONS

Name John Russell Carnahan

Page 3 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Carnahan Farms LLC	S(part)	Yes	January 2010	\$15,001 - \$50,000
JT	Rental Property, Jefferson City, MO	S	Yes	February 2010	\$50,001 - \$100,000

SCHEDULE V - LIABILITIES

Name John Russell Carnahan

Page 4 of 6

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	MO State Credit Union, Jefferson City, MO		Mortgage on rental property, 715 Cliff Street, Jefferson City, MO	\$50,001 - \$100,000
SP	Sallie Mae, Wilkes-Barre, PA		Student Loan	\$10,001 - \$15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name John Russell Carnahan

Page 5 of 6

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
U.S. Association of Former Members of Congress Congressional Study Group on Germany	May 13- May 15	DC-St. Louis-DC	N	Y	Y	2 Days

SCHEDULE VIII - POSITIONS

Name John Russell Carnahan

Page 6 of 6

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member	Carnahan Farms LLC

**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

FORM A Page 1 of 10
For use by Members, officers, and employees

HAND DELIVERED

VICKY JO HARTZLER

202-225-2876

(Full Name)

(Daytime Telephone)

LEGISLATIVE RESOURCE CENTER

2011 MAY 13 PM 12:04

MC

(Office Use Only)

U.S. HOUSE OF REPRESENTATIVES

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status

☒ Member of the U.S. House of Representatives

State: MO
District: 04

☐ Officer Or Employee

Employing Office:

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>Trusts--</p>	<p>Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Exemptions--</p>	<p>Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE I - EARNED INCOME

Name VICKY JO HARTZLER

Page 2 of 10

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Hartzler Equipment Company	Spouse Salary	N/A
Lowell J. Hartzler	Spouse Sales Commission	N/A
Hartzler Farms, Inc.	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name VICKY JO HARTZLER

Page 3 of 10

<p>BLOCK A</p> <p>Asset and/or Income Source</p> <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>	<p>BLOCK B</p> <p>Year-End Value of Asset</p> <p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>BLOCK C</p> <p>Type of Income</p> <p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>BLOCK D</p> <p>Amount of Income</p> <p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>BLOCK E</p> <p>Transaction</p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
State of Missouri Deferred Compensation Plan (not self directed)	\$1,001 - \$15,000	None	NONE	
American United Life Insurance Company	\$1,001 - \$15,000	None	NONE	
DC MOST 529 Advisor Plan as follows:				
DC Templeton Growth	None	None	NONE	S
DC Van Kampen Comstock	None	None	NONE	S
DC American Funds American Mutual Portfolio	None	None	NONE	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name VICKY JO HARTZLER

Page 4 of 10

DC	529 American Funds Plan as follows:				
DC	New Perspective Fund - C	\$1,001 - \$15,000	None	NONE	P
DC	The Investment Company of America - C	\$1,001 - \$15,000	None	NONE	P
DC	Capital Income Builder - A	\$1,001 - \$15,000	None	NONE	P
	Capitol Income Builder - B	None	None	NONE	PS
DC	American Balanced Fund - A	\$1,001 - \$15,000	None	NONE	P
DC	American Balanced Fund - B	\$1,001 - \$15,000	None	NONE	
JT	Community Bank of Harrisonville, MO (formerly Central Bank of Kansas City)	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	
JT	Hartzler Equipment Company, Harrisonville, MO	\$1,000,001 - \$5,000,000	DIVIDENDS	\$100,001 - \$1,000,000	
JT	Hartzler Farms, Inc., Harrisonville, MO	\$1,000,001 - \$5,000,000	DIVIDENDS	\$5,001 - \$15,000	
SP	Heartland Aviation, LLC	\$50,001 - \$100,000	RENT	\$5,001 - \$15,000	
SP	MF Global, Inc. (not self directed)	None	CAPITAL GAINS	\$2,501 - \$5,000	S
SP	Vision Financial Markets, UL (not self directed)	\$1,001 - \$15,000	None	NONE	
SP	Union Central 401(k) Plan as follows:				

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name VICKY JO HARTZLER

Page 5 of 10

SP	Deposit Account	\$1,001 - \$15,000	None	NONE	
SP	Calvert Cash Reserves	\$15,001 - \$50,000	None	NONE	
SP	Pimco Total Return	\$15,001 - \$50,000	None	NONE	
	Farm Real Estate located in Harrisonville, MO, as follows:				
JT	26005 E. 283rd St.	\$250,001 - \$500,000	RENT	\$5,001 - \$15,000	
JT	E 299th St.	\$100,001 - \$250,000	RENT	\$2,501 - \$5,000	
JT	S East Outer Rd.	\$500,001 - \$1,000,000	RENT	\$5,001 - \$15,000	
JT	E 291st St.	\$250,001 - \$500,000	RENT	\$5,001 - \$15,000	
JT	S State Rt. TT	\$15,001 - \$50,000	RENT	\$201 - \$1,000	
	S State Rt. TT	\$100,001 - \$250,000	RENT	\$201 - \$1,000	
JT	29615 S. Hartzler Rd.	\$500,001 - \$1,000,000	RENT	\$15,001 - \$50,000	
	E 299th St.	\$100,001 - \$250,000	RENT	\$2,501 - \$5,000	
JT	30218 S Pleasant Rdg Rd.	\$100,001 - \$250,000	None	NONE	
JT	S State Rt. TT	\$100,001 - \$250,000	RENT	\$201 - \$1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name VICKY JO HARTZLER

Page 6 of 10

SP	KLD Farms, 28004 S. West Outer Rd., Harrisonville, MO	\$100,001 - \$250,000	RENT	\$201 - \$1,000	
	RBC Insurance - Whole Life	\$50,001 - \$100,000	None	NONE	

SCHEDULE IV - TRANSACTIONS

Name VICKY JO HARTZLER

Page 7 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
DC	American Funds American Mutual Portfolio	S	No	3-25-10	\$1,001 - \$15,000
DC	Templeton Growth	S	No	3-25-10	\$1,001 - \$15,000
DC	Van Kampen Comstock	S	No	3-25-10	\$1,001 - \$15,000
DC	American Balanced	S	No	3-25-10	under \$1,000
DC	New Perspective Fund C	P	N/A	4-1-10	\$1,001 - \$15,000
DC	The Investment Company of America - C	P	N/A	4-1-10	\$1,001 - \$15,000
DC	Capital Income Builder - A	P	N/A	4-1-10	\$1,001 - \$15,000
DC	American Balanced Fund - A	P	N/A	4-1-10	\$1,001 - \$15,000
JT	MF Global, Inc. (not self directed)	S	Yes	10-8-10	\$15,001 - \$50,000
	Capitol Income Builder - B	P	N/A	3-4-10	\$1,001 - \$15,000
	Capitol Income Builder - B	S	No	3-10-10	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

Name VICKY JO HARTZLER

Page 8 of 10

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	FCS Financial, Jefferson City, MO	March 2001	Farm Real Estate Mortgage (S. State Rt TT)	\$50,001 - \$100,000
JT	FCS Financial, Jefferson City, MO	Dec 2008	Farm Real Estate Mortgage (29615 Hartzler Rd)	\$500,001 - \$1,000,000
JT	FCS Financial, Jefferson City, MO	Aug 2002	Farm Real Estate Mortgage (S East Outer Rd)	\$50,001 - \$100,000

SCHEDULE VIII - POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Officer	Hartzler Equipment Company
Officer	Hartzler Farms, Inc.

SCHEDULE IX - AGREEMENTS

Name VICKY JO HARTZLER

Page 10 of 10

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
10-4-2007	Pleasant Word/Winepress Publishing Agreement	Royalties on sales of book
12-31-2000	MO State Employee Retirement System	Continued participation in a retirement account

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT
FORM A Page 1 of 9
 For use by Members, officers, and employees

MAY 13 AM 11:50

U.S. HOUSE OF REPRESENTATIVES

MC

Emanuel Cleaver, II

202-225-4535

(Full Name)

(Daytime Telephone)

HAND DELIVERED
 (Office Use Only)

Filer Status

☒ Member of the U.S. House of Representative

State: MO

District: 5th

☐ Officer Or Employee

Employing Office:

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.
PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VII.
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IX.
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Emanuel Cleaver, II

Page 2 of 9

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Self Employment, Consulting, Kansas City, Missouri	Spouse Salary	N/A
KCMO Pension Plan, The Northern Trust Company, F.B.O. KCMO Employee; Kansas City, MO	Benefit recieved from Pension Plan, Per Agreement between Emanuel Cleaver and KCMO City Government	\$20,932
Missouri Annual Conference of United Methodist Church	Salary	\$9,664

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Emanuel Cleaver, II

Page 3 of 9

BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totalling \$5,000 or less in a personal checking or	BLOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	BLOCK D Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
SP Allianz Life Insurance Company, 10% Bonus POWERDEX ELITE ANNUITY (IRA)	\$100,001 - \$250,000	None	NONE	
SP Allianz Life Insurance Company, SIMPLE RETIREMENT PLAN (IRA)	\$15,001 - \$50,000	None	NONE	
JT The Cleaver Co., LLC Grandview, Missouri; The Grandview Auto Wash (Auto Landry Business)	\$100,001 - \$250,000	Partner Income	NONE	
The General Board of Pension and Health Benefits of the United Methodist Church-Ministerial Pension Plan - Domestic Bond Fund	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Emanuel Cleaver, II

Page 4 of 9

The General Board of Pension and Health Benefits of the United Methodist Church-Ministerial Pension Plan - Domestic Stock Fund	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000
The General Board of Pension and Health Benefits of the United Methodist Church-Ministerial Pension Plan - Inflation Protection	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500
The General Board of Pension and Health Benefits of the United Methodist Church-Ministerial Pension Plan - International Stock Fund	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000
The General Board of Pension and Health Benefits of the United Methodist Church-Ministerial Pension Plan - Stable Value Fund	\$100,001 - \$250,000	INTEREST	\$5,001 - \$15,000
The General Board of Pension and Health Benefits of the United Methodist Church-Personal Investment Plan - Domestic Bond Fund	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000
The General Board of Pension and Health Benefits of the United Methodist Church-Personal Investment Plan - Domestic Stock Plan	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000
The General Board of Pension and Health Benefits of the United Methodist Church-Personal Investment Plan - Inflation Protection Plan	\$1,001 - \$15,000	INTEREST	\$1 - \$200

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Emanuel Cleaver, II

Page 5 of 9

The General Board of Pension and Health Benefits of the United Methodist Church- Personal Investment Plan - International Stock Plan	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000
The General Board of Pension and Health Benefits of the United Methodist Church- Personal Investment Plan - Stable Value Fund	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500

SCHEDULE V - LIABILITIES

Name Emanuel Cleaver, II

Page 6 of 9

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	FNMA Co-Signator for Willoris McNeel (Niece)	April 1998	Student Loan	\$10,001 - \$15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Emanuel Cleaver, II

Page 7 of 9

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
The Congressional Black Caucus Political Education and Leadership Institute	Aug. 12-15	Kansas City, MO-Tunica, MS- Kansas City, MO	Y	Y	Y	None

SCHEDULE VIII - POSITIONS

Name Emanuel Cleaver, II

Page 8 of 9

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Trustees	National World War I Museum

SCHEDULE IX - AGREEMENTS

Name Emanuel Cleaver, II

Page 9 of 9

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
01/01/2006	Emanuel Cleaver; The City of Kansas City, Missouri	Agreement between Emanuel Cleaver and the City of Kansas City, Missouri; Continuing Interest in Pension Plan Related to Former Employment

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 7
For use by Members, officers, and employees

Samuel B. "Sam" Graves, Jr.
(Full Name)

(202) 225-7041
(Daytime Telephone)

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2011 MAY 13 AM 11:35
(Office Use Only) *MC*

Filer
Status

☒ Member of the U.S.
House of Representative State: MO
District: 6th

☐ Officer Or
Employee

Employing Office:

Report
Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

A \$200 penalty shall
be assessed against
anyone who files
more than 30 days
late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Samuel B. "Sam" Graves, Jr.

Page 2 of 7

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Tarkio, Missouri R-1 School District	Teachers Salary of spouse, Lesley J. Graves	Not Applicable

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Samuel B. "Sam" Graves, Jr.

Page 3 of 7

BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or	BLOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	BLOCK D Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
Airport Farms Aviation LLC (Vans RV-8 being constructed by owner)	\$15,001 - \$50,000	NONE	NONE	
Archer Aviation LLC (1974 Piper Cherokee 180)	\$15,001 - \$50,000	NONE	NONE	
SP Biofuels LLC (Biodiesel Plant in Mexico, MO)	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
JT Centennial Money Market Fund Wells Fargo (formerly Wachovia Investments)	\$1,001 - \$15,000	INTEREST/DIVID ENDS	\$1 - \$200	
JT Congressional Federal Credit Union	\$1,001 - \$15,000	INTEREST	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Samuel B. "Sam" Graves, Jr.

Page 4 of 7

JT	E-Trade Checking Account	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
JT	Farm Equipment and Machinery	\$15,001 - \$50,000	NONE	NONE	
SP	Golden Triangle Energy Cooperative (Craig, MO)	\$1,001 - \$15,000	DIVIDENDS/DIST RIBUTIONS	\$1,001 - \$2,500	
JT	Graves Brothers Farm (Undivided 1/3 interest \$120,000)	\$250,001 - \$500,000	OTHER: FARM INCOME	\$2,501 - \$5,000	
JT	Rockin Hord, LLC; Springfield, Missouri (No activity)	\$1 - \$1,000	NONE	NONE	
JT	Sam Graves Farms: Clark Township & Tarkio Township, Atchison County, MO	\$500,001 - \$1,000,000	FARM INCOME	\$15,001 - \$50,000	
JT	Time Warner, Inc. and Time Warner Cable (a spin off from Time Warner, Inc.)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
JT	US Bank (Two Checking Accounts)	\$15,001 - \$50,000	INTEREST	\$1 - \$200	

SCHEDULE V - LIABILITIES

Name Samuel B. "Sam" Graves, Jr.

Page 5 of 7

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	Farmers State Bank Tarkio, MO		Farm Mortgage (240 acres)	\$15,001 - \$50,000
JT	Farmers State Bank Tarkio, MO		Farm Mortgage	\$10,001 - \$15,000
JT	Farmers State Bank Tarkio, MO		Farm Mortgage	\$100,001 - \$250,000

SCHEDULE VIII - POSITIONS

Name Samuel B. "Sam" Graves, Jr.

Page 6 of 7

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Owner/Proprietor	Sam Graves Farms
Partner (together with brothers and spouses)	Graves Brothers Farms
Class 2 Director	EAA Warbirds Over America, a 501©3 organization
Member	Airport Farms Aviation LLC
Member	Archer Aviation LLC
Member	Rockin Hord, LLC

SCHEDULE IX - AGREEMENTS

Name Samuel B. "Sam" Graves, Jr.

Page 7 of 7

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
2000	State of Missouri Employment Retirement System	State of Missouri Employee Retirement Program as a member of the Missouri General Assembly

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A
For use by Members, officers, and employees

Page 1 of 14

LEGISLATIVE RESOURCE CENTER

2011 MAY 16 PM 5:20

CLERK
U.S. HOUSE OF REPRESENTATIVES

Name: WILLIAM H. "BILLY" LONG, II Daytime Telephone: 417 839-0061

HAND DELIVERED

(Office Use Only)

Filer
Status



Member of the U.S.
House of Representatives

State: MO

District: 7



Officer or
Employee

Employing Office:

Report
Type



Annual (May 16, 2011)



Amendment



Termination

Termination Date:

**A \$200 penalty shall be assessed
against anyone who files more than
30 days late.**

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?
If yes, complete and attach Schedule I.

Yes ☒

No ☐

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?
If yes, complete and attach Schedule VI.

Yes ☐

No ☒

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?
If yes, complete and attach Schedule II.

Yes ☐

No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?
If yes, complete and attach Schedule VII.

Yes ☒

No ☐

III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?
If yes, complete and attach Schedule III.

Yes ☒

No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?
If yes, complete and attach Schedule VIII.

Yes ☒

No ☐

IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?
If yes, complete and attach Schedule IV.

Yes ☒

No ☐

IX. Did you have any reportable agreement or arrangement with an outside entity?
If yes, complete and attach Schedule IX.

Yes ☐

No ☒

V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?
If yes, complete and attach Schedule V.

Yes ☒

No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

Yes ☐

No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes ☐

No ☒

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

[illegible]

For payments to charity in lieu of honoraria, use Schedule II.

William H. Long, II
United States House of Representatives
Financial Disclosure Statement - Form A
Calendar Year 2010

Schedule I - Earned Income

Source	Type	Amount
Billy Long Auctioneer (Sole Proprietor):		
Murnery Associates L.L.C.	Commissions	14,953
Keller Williams Realty, Inc.	Commissions	1,863
Archie Thompson, Jr	Sale of Hay	3,780
Gross Sales of Real Estate for Resale	Sales	none
Sale of Tractor and Brush Hog	Sale of Equipment	22,500
Keller Williams Realty, Inc.	Spouse Commissions	N/A

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

WILLIAM H "BILLY" LONG, II
Name

Page 4 of 14

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.

For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.

SP,		SP	Mega Corp. Stock
DC, Examples:			Simon & Schuster
JT			1st Bank of Paducah, KY Accounts

BLOCK B

Value of Asset

Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."

A	B	C	D	E	F	G	H	I	J	K	L
None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
				X							
			Indefinite								
					X						

BLOCK C

Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column.

Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.

DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)
X			X		Royalties
	X				

BLOCK D

Amount of Income

For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. **Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.** Check "None" if no income was earned or generated.

I	II	III	IV	V	VI	VII	VIII	IX	X	XI
None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000
			X					X		
					X					

BLOCK E

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.
P, S, E
S (partial)

4 Pages ATTACHED

Asset and/or Income Source	Value of Asset												Type of Income	Amount of Income	Transaction
	A	B	C	D	E	F	G	H	I	J	K	L			
None													None		
\$1 - \$1,000													\$201 - \$1,000		
\$1,001 - \$15,000													\$1,001 - \$25,000		
\$15,001 - \$50,000													\$25,001 - \$50,000		
\$50,001 - \$100,000													\$50,001 - \$75,000		
\$100,001 - \$250,000													\$75,001 - \$100,000		
\$250,001 - \$500,000													\$100,001 - \$1,000,000		
\$500,001 - \$1,000,000													\$1,000,001 - \$5,000,000		
\$1,000,001 - \$2,500,000													Over \$5,000,000		
\$2,500,001 - \$5,000,000															
\$5,000,001 - \$25,000,000															
\$25,000,001 - \$50,000,000															
\$50,000,001 - \$100,000,000															
\$100,000,001 - \$250,000,000															
\$250,000,001 - \$500,000,000															
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\$250,000,000,000,001 - \$500,000,000,000,000															
\$500,000,000,000,001 - \$1,000,000,000,000,000															
\$1,000,000,000,000,001 - \$2,500,000,000,000,000															
\$2,500,000,000,000,001 - \$5,000,000,000,000,000															
\$5,000,000,000,000,001 - \$10,000,000,000,000,000															
\$10,000,000,000,000,001 - \$25,000,000,000,000,000															
\$25,000,000,000,000,001 - \$50,000,000,000,00															

[illegible][illegible][illegible]

[illegible][illegible][illegible]

William H. Long, II
 United States House of Representatives
 Financial Disclosure Statement - Form A
 Calendar Year 2010

Schedule III - Assets and "Unearned" Income

Schedule III - Assets and Unearned Income													Transaction												
Asset and/or Income Source	Value of Asset												Type of Income	Amount of Income					Transaction						
	A	B	C	D	E	F	G	H	I	J	K	L													
	None	\$ 1 - \$ 1,000	\$ 1,001 - \$ 15,000	\$ 15,001 - \$ 50,000	\$ 50,001 - \$ 100,000	\$ 100,001 - \$ 250,000	\$ 250,001 - \$ 500,000	\$ 500,001 - \$ 1,000,000	\$ 1,000,001 - \$ 5,000,000	\$ 5,000,001 - \$ 25,000,000	\$ 25,000,001 - \$ 50,000,000	\$ 50,000,001 - \$ 1,000,000,000	None	\$ 1 - \$ 200	\$ 201 - \$ 1,000	\$ 1,001 - \$ 2,500	\$ 2,501 - \$ 5,000	\$ 5,001 - \$ 15,000	\$ 15,001 - \$ 50,000	\$ 50,001 - \$ 100,000	\$ 100,001 - \$ 1,000,000	\$ 1,000,001 - \$ 5,000,000	Over \$ 5,000,000		
Vanguard Prime Money Market Fund			x										x												
Wells Fargo Advisors: Bank Deposit Sweep													x		x										
Fidelity Investments: Fidelity US Gov't Reserves				x									x												
529 MOST Accounts																									
Spouse for Child			x										x												
Insurance Policies																									
Metlife Insurance Co. of Connecticut Interest Sensitive Whole Life, Cash Value					x								x												
Business Interests:																									
Billy Long Auctioneer, Sole Proprietorship Real Estate and Personal Property Commission Sales, Springfield, MO 100% ownership share				x												x									
Billy Long Auctions, L.L.C. Real Estate and Personal Property Commission Sales, Springfield, MO 100% Member ownership share					x										x										
Billy Long Auctioneers, Inc., Sub S Corporation Real Estate and Personal Property Commission Sales, Springfield, MO																									

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William H. Long, II
United States House of Representatives
Financial Disclosure Statement - Form A
Calendar Year 2010

Schedule III - Assets and "Unearned" Income

Asset and/or Income Source	Value of Asset												Type of Income	Amount of Income				Transaction												
	A	B	C	D	E	F	G	H	I	J	K	L																		
	None	\$ 1 - \$ 1,000	\$ 1,001 - \$ 15,000	\$ 15,001 - \$ 50,000	\$ 50,001 - \$ 100,000	\$ 100,001 - \$ 250,000	\$ 250,001 - \$ 500,000	\$ 500,001 - \$ 1,000,000	\$ 1,000,001 - \$ 5,000,000	\$ 5,000,001 - \$ 25,000,000	\$ 25,000,001 - \$ 50,000,000	Over \$ 50,000,000	None	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	OTHER TYPE OF INCOME	None	\$ 1 - \$ 200	\$ 201 - \$ 1,000	\$ 1,001 - \$ 2,500	\$ 2,501 - \$ 5,000	\$ 5,001 - \$ 15,000	\$ 15,001 - \$ 50,000	\$ 50,001 - \$ 100,000	\$ 100,001 - \$ 1,000,000	\$ 1,000,001 - \$ 5,000,000	Over \$ 5,000,000
51% shareholder interest Billy Long, Inc., Sub S Corporation Real Estate Commission Sales Springfield, MO			x										x																	
51% shareholder interest Billy Long Auctioneers, Inc., Sub S Corporation Real Estate and Personal Property Commission Sales, Springfield, MO			x										x		x															
49% shareholder interest Billy Long, Inc., Sub S Corporation Real Estate Commission Sales Springfield, MO			x										x																	
29% shareholder interest Professional Realty Referral, Inc., C Corporation Real Estate Commission Sales Springfield, MO			x										x		x															
100% shareholder interest			x										x																	

SCHEDULE IV— TRANSACTIONS

Name William H. "BILLY" LONG, II

Page 9 of 14

Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. **If only a portion of an asset is sold, please so indicate (i.e., "partial sale").** See example below.

Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the “capital gains” box and disclose this income on Schedule III.

[illegible]

William H. Long, II
 United States House of Representatives
 Financial Disclosure Statement - Form A
 Calendar Year 2010

SCHEDULE IV --- TRANSACTIONS

		Type of Transaction			Check Box if Capital Gain Exceeded \$200	Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE			A	B	C	D	E	F	G	H	I	J
							\$ 1,000.01 - \$ 1,500.00									
							\$ 15,000.01 - \$ 50,000.00									
							\$ 50,000.01 - \$ 100,000.00									
							\$ 100,000.01 - \$ 250,000.00									
							\$ 250,000.01 - \$ 500,000.00									
							\$ 500,000.01 - \$ 1,000,000.00									
							\$ 1,000,000.01 - \$ 5,000,000.00									
							\$ 5,000,000.01 - \$ 25,000,000.00									
							\$ 25,000,000.01 - \$ 50,000,000.00									
							\$ Over									
SP,DC, JT	ASSET															
JT	Sod Farm, 270 acres, Polk County, MO Real Estate Held for Resale		X			11-30-10						X				
JT	Workcare Resources, Inc., unlisted stock		X		X	07-01-10			X							
	Sale of Tractor and Brush Hog Equipment used for Farm Purposes		X			05-10-10		X								
JT	32 Martin Lane, Acreage, Dallas County, MO	X				06/11/10				X						

SCHEDULE V— LIABILITIES

WILLIAM H. "BILLY" LONG, II
Name

Page 11 of 14

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor		Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability									
					A	B	C	D	E	F	G	H	I	J
					\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X						
	SCHEDULE ATTACHED													

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
NONE	NONE	NONE

Use additional sheets if more space is required.

				Amount of Liability										
SP, DC, JT	Creditor	Date Liability Incurred Mo/Year	Type of Liability	A	B	C	D	E	F	G	H	I	J	
				\$ 1 0 0 0 0 1	\$ 1 5 0 0 0									
				\$ 1 5 0 0 1	\$ 5 0 0 0 0									
				\$ 5 0 0 0 1	\$ 1 0 0 0 0									
				\$ 1 0 0 0 0 1	\$ 2 5 0 0 0 0									
				\$ 2 5 0 0 0 1	\$ 5 0 0 0 0 0									
				\$ 5 0 0 0 0 1	\$ 1 0 0 0 0 0 0									
				\$ 1 0 0 0 0 0 1	\$ 5 0 0 0 0 0 0									
				\$ 5 0 0 0 0 0 1	\$ 2 5 0 0 0 0 0 0									
				\$ 2 5 0 0 0 0 0 1	\$ 5 0 0 0 0 0 0 0									
				\$ Over	\$ 5 0 0 0 0 0 0 0									
JT	Commerce Bank, Springfield, MO	2010	Mortgage on Commercial Rental		x									
JT	Ozark Bank, Ozark, MO	2008	Mortgage on Real Estate for Resale				x							
JT	Empire Bank, Springfield, MO (Pd 11/30/10)	2006	Mortgage of Real Estate for Resale						x					
JT	Bank of America, Simi Valley, CA	2007	Mortgage on Rental Condominium					x						

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

[illegible]

SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
Sole Proprietor	Billy Long Auctioneers - This business was terminated on December 31, 2010 - No business after that date.
Member	Billy Long Auctions, LLC - Resigned this position on January 1, 2011. No longer a member after that date.
President	Billy Long Auctioneers, Inc - Resigned this position January 1, 2011. No longer an officer or shareholder.
President	Billy Long, Inc - Resigned this position January 1, 2011. No longer an officer or shareholder.

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

Form A
For use by Members, officers, and employees

Page 1 of ____

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

MC

Name: William Blaine Luotkemeyer

Daytime Telephone: 573-443-2395

Filer Status



Member of the U.S.
House of Representatives

State: Missouri

District: 9



Officer or
Employee

Employing Office:

Report Type



Annual (May 16, 2011)



Amendment



Termination

Termination Date:

**A \$200 penalty shall be assessed
against anyone who files more than
30 days late.**

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?
If yes, complete and attach Schedule I.

Yes



No



VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?
If yes, complete and attach Schedule VI.

Yes



No



II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?
If yes, complete and attach Schedule II.

Yes



No



VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?
If yes, complete and attach Schedule VII.

Yes



No



III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?
If yes, complete and attach Schedule III.

Yes



No



VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?
If yes, complete and attach Schedule VIII.

Yes



No



IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?
If yes, complete and attach Schedule IV.

Yes



No



IX. Did you have any reportable agreement or arrangement with an outside entity?
If yes, complete and attach Schedule IX.

Yes



No



V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?
If yes, complete and attach Schedule V.

Yes



No



Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

Yes



No



EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes



No



SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

[illegible]

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

[illegible]

Name William Browne Luckensmyre

Page ____ of ____

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For additional assets and unearned income, use next page.

Continuation Sheet (if needed)

Page ____ of ____

This page may be copied if more space is required.

Name William Brink Luckenoy Page of

Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the “capital gains” box and disclose this income on Schedule III.

Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the “capital gains” box and disclose this income on Schedule III.

[illegible]

SCHEDULE V— LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability										
				A \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X							
JT	BANK OF S. ELIZABETH, MO	10-05	MORTGAGE ON FARM IN MORRIS COUNTY, MO (CEDAR RIDGE ACRES, LLC)			X								
1T	MISSOURI INDEPENDENT BANK JEFFERSON CITY, MO	07-09	PERSONAL CITY OF BANK STOCK LOAN							X				

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. **Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
<i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
<i>None</i>		

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

[illegible]

SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
<i>NONE</i>	

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
<i>6-08</i>	<i>STATE OF MISSOURI</i>	<i>LEGISLATOR'S RETIREMENT BENEFIT</i>
<i>1-99</i>	<i>STATE OF MISSOURI</i>	<i>DEFERRED RETIREMENT BENEFIT AS EMPLOYEE OF STATE OF MISSOURI</i>